

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 17-03551	
DEFENDANT KIMBERLY L. SHULTZ		TYPE OF PROCESS Handbill	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR LOCATION OF PROPERTY TO SEIZE		
	KIMBERLY L. SHULTZ		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)		
	15 Lakeview Pl Lititz, PA 17543		
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	RECEIVED UNITED STATES MARSHAL EASTERN DISTRICT OF PENNSYLVANIA 2018 MAY -2 PM 3:44
KML Law Group, P.C. 701 Market Suite 500 Philadelphia, PA 19106		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post the premises by July 19, 2018

Signature of Attorney other Originator requesting service behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 5/2/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. CC	District to Serve No. CC	Signature of Authorized USMS Deputy or Clerk George Doe	Date 5/2/18
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date 5-11-18	Time 10:40 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy [Signature] 0683	
Service Fee	Total Mileage Charges including endeavors 154 RT miles @ \$0.54 = 83.93	Forwarding Fee	Total Charges 83.93	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 83.93

REMARKS:

POSTED @ FRONT DOOR
- OCCUPIED -

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED